

FILE NOW; FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90111 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P17449

1. Corporation Name
GRIMES AEROSPACE COMPANY



Principal Place of Business
 550 ROUTE 55
 P.O BOX 247
 URBANA OH 43078
 US

Mailing Address
 C/O ALLIED SIGNAL INC.
 101 COLUMBIA ROAD
 MORRISTOWN NJ 07962-1057
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24 25

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29 30

3. Date Incorporated or Qualified
12/30/1987

4. FEI Number
13-3355707

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|---|
| TITLE | P | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLOSE, JIM | 1.2 NAME | |
| STREET ADDRESS | 3333UNITE DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | MISSISSAUGA ON | 1.4 CITY-ST-ZIP | |
| TITLE | DT | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | MASSENGILL, SCOTT | 2.2 NAME | |
| STREET ADDRESS | 101 COLUMBIA ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MORRISTOWN NJ 07962 | 2.4 CITY-ST-ZIP | |
| TITLE | DS | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PATRICK, VICTOR | 3.2 NAME | |
| STREET ADDRESS | 2525 W. 190TH ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | TORRANCE CA 90504 | 3.4 CITY-ST-ZIP | |
| TITLE | D | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CUNNINGHAM, SHARON | 4.2 NAME | |
| STREET ADDRESS | 2525 W. 190TH ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | TORRANCE CA 90504 | 4.4 CITY-ST-ZIP | |
| TITLE | AVPT | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROWNSTEIN, PAUL | 5.2 NAME | |
| STREET ADDRESS | 101 COLUMBIA RD | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MORRISTOWN NJ 07962 | 5.4 CITY-ST-ZIP | |
| TITLE | AT | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GAMBLE, JOHN | 6.2 NAME | |
| STREET ADDRESS | 101 COLUMBIA RD | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | MORRISTOWN NJ 07962 | 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul H Brownstein **RE REQUIRED** 11/6/99 973-455-5123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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P17449

01/06/99

Officers and Directors - Business Address

Grimes Aerospace Company

| <u>Name</u> | <u>Title</u> | <u>Business Address</u> |
|----------------------------|--------------------------------|---|
| Paul Brownstein | Assistant Vice President-Taxes | AlliedSignal Inc. 101 Columbia Road Morristown, NJ 07962 |
| W. Close | President | |
| Sharon Cunningham | Director | AlliedSignal Inc. 2525 West 190th Street Torrance, CA 90504 |
| John Gamble Jr. | Assistant Treasurer | AlliedSignal Inc. 101 Columbia Road Morristown, NJ 07962 |
| Scott Massengill | Director Treasurer | AlliedSignal Inc. 101 Columbia Road Morristown, NJ 07962 |
| Victor Patrick | Director Secretary | AlliedSignal Inc. 101 Columbia Road Morristown, NJ 07962 |
| Ronald Sinaikin | Vice President-Taxes | AlliedSignal Inc. 101 Columbia Road Morristown, NJ 07962 |